## PATENT APPLICATION RECORD Effective December 8, 2004

Application or Docket Number / 541882

| CLAIMS AS FILED - PART I                                      |  |   |  |                                      |                  |                                       |         |                     |                        |      |                    |                        |
|---|--|---|--|--------------------------------------|------------------|---------------------------------------|---------|---------------------|------------------------|------|--------------------|------------------------|
| CLAIMS A  |  |   | AS FILED                                 |                                      | (Column 2)       |                                       |         | ŠMALL ÉN<br>TYPE    | YTITI                  | OR   |                    | R THAN<br>ENTITY       |
| U.S. NATIONAL STAGE FEES                                      |  |   | <del></del>                              |                                      |                  |                                       | 7       | RATE                | FEE                    | 7    | ŘATE               | FEE                    |
| 8/  | SIC FEE  |   | SMALL EN                                 | T. = \$ 150                          | LAF              | RGE ENT. = \$ 300                     | 1       | BASIC FEE           | 150                    | OR   | BASIC FEE          |                        |
| ΕX  | AMINATION I  | EE  | Satisfies PCT                            |                                      | All              | other situations =<br>\$ 100 / \$ 200 | 1       | EXAM. FEE           | 100                    | 1    | EXAM. FEE          | <b>†</b>               |
| SE  | ARCH FEE   |   | U.S. is ISA =<br>ALL other co<br>\$ 2007 | ountries =                           | All              | other situations =<br>\$ 250 / \$ 500 | 1       | SEARCH FEE          | 200                    |      | SEARCH FEE         |                        |
| FΕ  | E FOR EXTRA  | SPEC. PGS.  | mir                                      | minus 100 =                          |                  | /50=                                  | 1       | X \$ 125 =          |                        | 1    | X \$ 250 =         |                        |
| то  | TAL CHARGE   | ABLE CLAIMS   | 30 m                                     | inus 20 =                            | . ,              | 10                                    | ]       | X \$ 25 =           | 250                    | OR   | X \$ 50 =          |                        |
| INC   | EPENDENT C   | LAIMS   | 4 1                                      | ninus 3 =                            | •                | /                                     |         | X \$ 100 =          | 100                    | OR   | X \$ 200 =         |                        |
| MU  | LTIPLE DEPE  | NDENT CLAIM PR  | RESENT                                   |                                      |                  | D                                     |         | + \$ 180 =          | 180                    | OR   | + \$ 360 =         |                        |
| • [   | If the difference in column 1 is less than zero, enter "0" in column 2 |   |  |                                      |                  |                                       |         | TOTAL               | 980                    | OR   | TOTAL              |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |   |  |                                      |                  |                                       |         | SMALL E             | ENTITY                 | OR   | OTHER<br>SMALL     |                        |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT                                      |  | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F  |                  | PRESENT<br>EXTRA                      |         | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus                                    | **                                   |                  | =                                     |         | X \$ 25 =           | -                      | OR   | X \$ 50 =          |                        |
|   | Independent  | •   | Minus                                    | ***                                  |                  | =                                     |         | X \$ 100 =          |                        | OR   | X \$ 200 =         |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |   |  |                                      |                  |                                       |         | +\$ 180 =           |                        | OR   | + \$ 360 =         |                        |
| •   |  |   |  |                                      |                  |                                       |         | TOTAL ADDIT.<br>FEE | ,                      | OR   | TOTAL ADDIT.       |                        |
|   |  | (Column 1)  |  | (Colum                               | a 21             | (Column 3)                            |         |                     |                        |      |                    |                        |
| 8   |  | CLAIMS REMAINING AFTER AMENDMENT                                      |  | HIGHE<br>NUMBI<br>PREVIOU<br>PAID FO | ST<br>ER<br>ISLY | PRESENT<br>EXTRA                      |         | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE               | ADDI-<br>TIONAL<br>FEE |
|   | Total  |   | Minus                                    | **                                   |                  | =                                     | ľ       | X \$ 25 =           |                        | OR   | X \$ 50 =          |                        |
| AMENO   | Independent  | •   | Minus                                    | ***                                  |                  | =                                     | ſ       | X \$ 100 =          |                        | OR   | X \$ 200 =         |                        |
| `   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |   |  |                                      |                  |                                       |         | +\$ 180 =           |                        | OR   | + \$ 360 =         | -                      |
|   |  |   |  |                                      |                  |                                       | . T     | OTAL ADDIT.<br>FEE  |                        | OR T | OTAL ADDIT.<br>FEE |                        |
|   |  | mn 1 is less than the   |  |                                      |                  |                                       |         |                     |                        |      |                    |                        |
| ···· (  | the "Highest Nur   | mber Previously Paid<br>mber Previously Paid<br>ber Previously Paid I | FOR IN THIS SPA                          | VCE is less 8                        | 120 J.           | enter T.                              | n the c | appropriate box i   | n column 1.            |      |                    |                        |

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